

BOATING ACCIDENT REPORT

Report Number: _____

(for official use only)

The operator/owner of a vessel used for recreational purposes is required to file a boating accident report within forty-eight hours any accident resulting in the loss of life or disappearance from a vessel; an injury which requires medical treatment beyond first aid; or property damage in excess of \$200 or complete loss of the vessel. All other accidents are required to be reported within seven days of the accident. This form is provided to assist the operator/owner in filing the required written report. PLEASE COMPLETE BOTH SIDES OF THE FORM.

Accident date: _____ Number towed: _____ Disappearance ☐
Waterway: _____ Number injured: _____ Alcohol involved ☐
Nearest town: _____ Number of vessels in accident: _____ Rented vessel ☐
County: _____ Number of people aboard: _____ Damages > \$200? ☐
Time: _____ a.m. _____ p.m. Injury or First Aid ☐

WEATHER: VISIBILITY: WIND: WATER CONDITIONS:
☐ Clear ☐ Good ☐ None ☐ Calm: waves <6" Water Temp: _____
☐ Cloudy ☐ Fair ☐ Light 0-6 mph ☐ Choppy: waves 6"-2' Air Temp: _____
☐ Rain ☐ Poor ☐ Moderate 7-14 mph ☐ Rough: waves 2'-6' ☐ Strong Current
☐ Hazy ☐ Strong 15-25 mph ☐ Very rough: waves >6'
☐ Foggy

TYPE OF ACCIDENT: (a maximum of 3 choices)

☐ Capsizing ☐ Grounding ☐ Flooding/swamping ☐ Starting engine ☐ Other: _____
☐ Collision w/fixed object ☐ Falls overboard ☐ Fall in boat ☐ Struck by boat
☐ Collision w/floating object ☐ Fire/explosion (fuel) ☐ Sinking ☐ Struck by motor/prop
☐ Collision w/vessel ☐ Fire/explosion (other) ☐ Skier mishap ☐ Struck by submerged object

CAUSE OF ACCIDENT: (a maximum of 3 choices)

☐ Alcohol use ☐ Congested waters ☐ Careless/reckless operation ☐ Drug use ☐ Equipment failure
☐ Excessive speed ☐ Failure to vent ☐ Hazardous waters ☐ Hull failure ☐ Ignition of fuel/vapor
☐ Improper anchoring ☐ Improper landing ☐ Lack of or improper boat lights ☐ Machinery failure
☐ Operator inattention ☐ Operator inexperience ☐ Overloading ☐ Passenger/skier behavior
☐ Restricted vision ☐ Weather ☐ Sharp turn ☐ Standing/sitting on gunwales
☐ Starting in gear ☐ No proper lookout ☐ Rules of road infraction ☐ Other (describe): _____

MACHINERY FAILURE:

☐ Electrical failure ☐ Engine ☐ Fuel System ☐ Shift ☐ Steering ☐ Throttle ☐ Ventilation

EQUIPMENT FAILURE:

☐ Auxiliary ☐ Communication ☐ Visual Distress Signal ☐ Sail Demasting ☐ Seat Broke Loose
☐ Sound Producing Equipment ☐ Fire Extinguisher not serviceable

ACCIDENT DESCRIPTION: (Attach additional sheets if necessary)

NON-VESSEL PROPERTY DAMAGE:

Est. Amount: \$ _____

Description of Property: _____

Vessel Owner Name: _____

Address: _____ Date of Birth: _____

City: _____ Zip: _____

Tele: (H) _____ (W) _____

OPERATOR (if different than owner):

Name: _____

Address: _____

City: _____ Zip: _____ Date of Birth: _____

Tele: (H) _____ (W) _____

OPERATOR EDUCATION

☐ None
☐ Informal
☐ State Course
☐ USCG Auxiliary
☐ American Red Cross
☐ US Power Squadron

OPERATOR EXPERIENCE

☐ Under 10 hours
☐ 10-100 hours
☐ Over 100 hours

Operated while intoxicated/arrest? ☐ Y ☐ N

of Boating Citations: _____

VESSEL INFORMATION:Model: _____ Boat Name: _____ Registration Number: HA _____

Hull I.D. Number: _____ Boat Length: _____ Year Built: _____

Fuel: ☐ Gas ☐ Diesel Documented Number: _____ Number of Engines: _____ Horse Power: _____**BOAT TYPE:**☐ Open Motorboat
☐ Auxiliary Sail
☐ Rowboat
☐ Thrill Craft
☐ Houseboat☐ Cabin Motorboat
☐ Sail (only)
☐ Canoe/Kayak
☐ Pontoon
☐ Other**HULL MATERIAL:**☐ Wood ☐ Steel
☐ Aluminum ☐ Fiberglass
☐ Rigid Hull Inflatable
☐ Rubber/Vinyl/Canvas**PROPULSION:**☐ Propeller
☐ Water Jet
☐ Air Thrust
☐ Manual
☐ Sail**ENGINES:**☐ Outboard
☐ Inboard
☐ Inboard/Stern Drive**CG PFD's**On Board: ☐ Y ☐ N
Were PFD's Used ☐ Y ☐ N**FIRE EXTINGUISHERS:**On Board? ☐ Y ☐ N
Were they used? ☐ Y ☐ N

Type(s): _____

OPERATION AT TIME OF ACCIDENT (a minimum of 3 choices):☐ Changing Speed ☐ Changing Direction ☐ Cruising ☐ Drifting ☐ Towing Another Boat
☐ Being Towed ☐ Rowing/Paddling ☐ Sailing ☐ Launching ☐ Docking/Undocking
☐ At Anchor ☐ Tied to Dock/Mooring ☐ Other (describe): _____**SPEED:** ☐ Not moving ☐ Under 10mph ☐ 10-20mph ☐ 21-40mph**VESSEL DAMAGE (estimate):** \$ _____**ACTIVITY AT TIME (a maximum of 3 choices):**☐ Commercial Fishing ☐ Diving/Swimming ☐ Fishing ☐ Fueling ☐ Racing ☐ Repairs
☐ Skiing/Tubing ☐ Starting Engine ☐ Tournament**INJURY #1 (if more than 1 injury, attach additional sheets) INJURY CAUSED BY:**Name: _____ ☐ Impact w/Boat ☐ Treatment More than First Aid
Address: _____ ☐ Impact w/Water ☐ Admitted to Hospital
City: _____ Zip: _____ ☐ Propeller Injury ☐ Struck by Boat
Date of Birth: _____ Tele: _____ ☐ Impact w/Fixed Object PFD worn? ☐ Y ☐ N**PRIMARY INJURY AND/OR SECONDARY INJURY (mark primary as number 1 and secondary as number 2):**☐ Amputation ☐ Back Injury ☐ Broken Bone(s) ☐ Burns ☐ Contusion
☐ Dislocation ☐ Head Injury ☐ Hypothermia ☐ Internal Injuries ☐ Laceration
☐ Neck Injury ☐ Shock ☐ Sprain/Strain ☐ Spinal Injury ☐ Teeth**FATALITY #1 (if more than 1 fatality, attach additional sheets):****VICTIM WAS:****DEATH CAUSED BY:**Name: _____ ☐ Operator ☐ Drowning ☐ Water-skier
Address: _____ ☐ Passenger ☐ Hypothermia
City: _____ Zip: _____ ☐ Swimmer ☐ Trauma
Date of Birth: _____ ☐ Propeller Injury ☐ Other (describe): _____**FATALITY #1 ACTIVITY:**☐ Fishing ☐ Swimming ☐ Waterskiing ☐ Skin Diving ☐ Other
PFD worn: ☐ Y ☐ N Type of PFD worn: I II III IV V
Victim Disappeared: ☐ Y ☐ N Ability to Swim: ☐ Y ☐ N**WITNESSES:**1. Name _____ Address _____ City _____ Zip _____ Tele: _____
2. Name _____ Address _____ City _____ Zip _____ Tele: _____**PERSON COMPLETING REPORT**

Signature: _____ Printed Name: _____

Address: _____

City: _____ Zip: _____

Tele: (H) _____ Tele: (W) _____

Date Submitted: _____

FOR OFFICIAL USE ONLY:

Received by: _____

Date Received: _____

Conclusion(s): _____